DEPARTMENT OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF WEST BENGAL
Uluberia S.D. Hospital
BED HEAD TICKET
Vill.+P.O.+P.S.- Uluberia , P.O. 1,Dist.- Howrah

Printed By:IPI

MASUD ALAM SARDAR Male 19 0 0

Patient's Name :PA19036557 25-Jun-2019 Sex : 07:27 Age : Yrs. Months

Patient Srl. No. : Admission Date : Admission Time : Patient Category : PAYING/CABIN/GE

Registration No. RG19124497 Charge Coll. No.:

Ward : [WRD0000013] DIALYSIS UNIT [Free]

Address : BOROBAGAN Bed No. : SANKRAIL Patient Type : OPD/ER

Municipality / Village : Sankrail P. S. Post Office : Howrah PIN :

Police Station : West Bengal Indian District Muslim

State : Nationality Religion

Address for Communication :

Marital Status : MONIRUL SARDAR Patient's Occupation 0

Father's Name : DO Husband's Name

Brought By : [DOC0000085] DR. RAJAT KANTI GASWAMI Phone / Mobile No.

Doctor/UNIT

Whether Referred From : Dialysis.

Provision Diagnosis :

Signature of Admitting Office
Designation

IPC Serial No. Diary No. .

Specify if it is a cause of accident/ Suicide/Homicide	How injury Occurred	Specify the place of injury Home / Farm Factory / Street / Others	Whether injury occurre while at work Specify by Yes / No.

(To be filled in BLOCK LETTERS at the end of Hospital Stay)

(a) Outcome : Discharged/Left Against Medical Advice / Abeconded / Referred out / Death

(b) Final Diagnosis or Injury.....

(c) Principal complications.....

(d) Principal Associated Diseases.....

Stay in Hospital (in days) ..... From..... to.....

Date and Hour of Death..... at..... Hrs.....

Counter Signature of the Visiting Staff / Medical Office
Regn. No.

Signature of the Doctor with Desig
Regn. No.

F-1
09/18